## HOUSE BILL 3182 By Kisber

AN ACT to amend Tennessee Code Annotated, Title 56 and Title 71, relative to group health care organizations.

## BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, is amended by adding the following as a new part:

Section .

- (a) Notwithstanding any other provision of law to the contrary, any subscriber to the health maintenance organization (HMO), managed care organization (MCO), or any other health care plan is entitled, at all times, to free, full and absolute choice in the selection of a provider or facility licensed or certified under Section 56-32-203. It is expressly forbidden for any health care plan to contain any provision which would require or coerce a subscriber in the plan to use any provider other than the provider selected by the subscriber from among eligible providers.
- (b) Any HMO, MCO or other health care plan must permit any health care provider to participate as an eligible service provider under any health care plan offered by the HMO, MCO or insurance company, if:
  - (1) the health care provider agrees to the average reimbursement rates negotiated by the HMO, MCO; or

(2) other health care plan with other providers delivering the same service under the health care plan in that or a contiguous TennCare region and the provider agrees to provide this care in compliance with existing community standards of care for that service.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring

it.

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